MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9	1					
10						
11						
12	1					
13	1					
14	1					
15	1					
16						
17	1					
18	1					
19	1					
20	1					
21						
22	1					
23	1					
24		1	Missing			
25		2		0		
26	1					
27	1					
28		1				
29	1					
30	1					
31	1					
32	1					
33	1					
34		1				
35	1					
36	1					
37		1				
38	1					
39		1				
40	1					
41	1					
42		1				
43		1				
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53		1				
54	1					
55	1					
56		1				
57		1				
58	1					
59		1				
60	1					
61	1					
62	1					
63		1				
64	1					
65		1				
66	1					
67	1					
68		1				
69	1					
70	1					
71	1					
72	1					
73		1				
74		1				
75	1					
76	1					
77	1					
78	1					
79		1				
80	1					
81	1					
82	1					
83	1					
84		1				
85	1					
86	1					
87		2				
88		1				
89	1					
90		1				
91	1					
92	1					
93	1					
94	1					
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						